

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street, Room 1130
Sacramento, CA 95814
Telephone: (916) 323-5079

WEBSITE ADDRESS:
<http://caag.state.ca.us/charities/>

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

2000 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1 (Recently enacted).

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fundraiser:

CF Number 485
MDS COMMUNICATIONS CORPORATION

Name of Commercial Fundraiser
5005 S. Ash Avenue #15

Address of Commercial Fundraiser
Tempe AZ 85282

City, State, and ZIP Code of Commercial Fundraiser
Telemarketing held (on) (from) 1/1/2002
(Type of Activity)

Name and Address of Charitable Organization or Charitable Purposes:

CT No. 12292 F.E.I.N. No. 95-2680390
FOOD FOR THE HUNGRY, INC.

Name of Charity
7729 E. Greenway Rd.

Address of Charity
Scottsdale AZ 85260

City, State, and ZIP Code of Charity
4/15/2002
(Date or dates must be shown)

1. REVENUE
- A. Cash contributions
 - B. Entertainment sales or admission charges
 - C. Sales from products
 - D. Advertisement sales
 - E. Membership fees
 - F. Other sources: (Specify)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- G. TOTAL REVENUE

- A. 0
- B. _____
- C. _____
- D. _____
- E. _____
- Fa. _____
- Fb. _____
- Fc. _____
- Fd. 0
- G. 0

2. EXPENSES
- A. Fees or commissions
 - B. Salaries
 - C. Payroll taxes
 - D. Employee benefits
 - E. Cost of merchandise for resale
 - F. Cost of entertainment
 - G. Postage
 - H. Advertising
 - I. Telephone
 - J. Rental of equipment
 - K. Facilities charge
 - L. Permits
 - M. Other expenses: (Specify)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
- N. TOTAL EXPENSES

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____
- L. _____
- Ma. _____
- Mb. _____
- Mc. _____
- Md. 0
- N. 0

3. Distribution or net to charitable organization or charitable purposes

4. (a) Is any officer, director, partner or owner of the Commercial Fundraiser in any way affiliated with or control, directly or indirectly, the charitable organization for which the Commercial Fundraiser has contracted to solicit?

☒ Yes ☒ No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fundraiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 4(a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, the report is true and correct.

Signature

This

Signature

Signature of authorized representative (if any)

Jonathan D. Mount, President
Printed Name Title

Organization for verifying the distribution.

BENJAMIN K. HODMAN
Printed Name

PRESIDENT/CEO
Title

6/28/02
Date

GARY H. BROWN
Printed Name

UP/CEO
Title

6/28/02
Date

RECEIVED
JUL 15 2002
Attorney General's
Registry of Charitable Trusts

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Name and Address of Commercial Fundraiser:

CF Number 485
MDS COMMUNICATIONS CORPORATION

Name of Commercial Fundraiser

545 W. Juanita Avenue

Address of Commercial Fundraiser

Mesa AZ 85210

City, State, and ZIP Code of Commercial Fundraiser

Telemarketing held (on) (from) 4/15/2002

(Type of Activity)

Name and Address of Charitable Organization or Charitable Purposes:

CT No. 12292 F.E.I.N. No 95-2680390

Food for the Hungry, Inc.

Name of Charity

7729 East Greenway Road

Address of Charity

Scottsdale AZ 85260

City, State, and ZIP Code of Charity

12/31/2002, 200, (Date or dates must be shown)

1. REVENUE
- A. Cash contributions
 - B. Entertainment sales or admission charges
 - C. Sales from products
 - D. Advertisement sales
 - E. Membership fees
 - F. Other sources: (Specify)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - G. TOTAL REVENUE

201657 A.
____ B.
____ C.
____ D.
____ E.
____ Fa.
____ Fb.
____ Fc.
____ Fd.
201657 G.

2. EXPENSES
- A. Fees or commissions
 - B. Salaries
 - C. Payroll taxes
 - D. Employee benefits
 - E. Cost of merchandise for resale
 - F. Cost of entertainment
 - G. Postage
 - H. Advertising
 - I. Telephone
 - J. Rental of equipment
 - K. Facilities charge
 - L. Permits
 - M. Other expenses: (Specify)
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - N. TOTAL EXPENSES

67362 A.
____ B.
____ C.
____ D.
____ E.
____ F.
____ G.
____ H.
____ I.
____ J.
____ K.
____ L.
____ Ma.
____ Mb.
____ Mc.
____ Md.
67362 N.

3. Distribution or net to charitable organization or charitable purposes

4. (a) Is any officer, director, partner or owner of the Commercial Fundraiser in any way affiliated with or control, directly or indirectly, the charitable organization for which the Commercial Fundraiser has contracted to solicit?
☒ Yes ☒ No If "yes," complete the following:

Name of officer, director, partner or owner of Commercial Fundraiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization

(b) For each affiliation identified in 4(a), attach copy of the contract between the commercial fundraiser and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and complete.

Jonathan D. Mount, President

Signature

1)

Printed Name

Title

Date

This is

Charitable organization for verifying the distribution.

Gary St John

VP/CFD

1/28/03

Signature

Printed Name

Title

Date

Matthew Panos

VP/Asst. Secretary

1/28/03

Signature of authorized officer, director, partner, or owner

Attorney General's
Registry of Charitable Trusts

FEB 10 2003

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